



APPLICATION FOR MEMBERSHIP

CLUB INFORMATION

Name Of Club: _____

Name of Club Mascot: _____

Years of Existence for Club: _____ Is Club a USA Hockey sanctioned member: _____

Please provide the Club's web domain: _____

State that the Club Operates In : _____

Name of Club's Home Arena(s) : _____

CLUB CONTACTS

Name of Club's Chief Operator: _____

Phone Number for Chief Operator: _____

Email for Chief Operator: _____

Name of Club President: _____

Phone Number for Club President: _____

Email for Club's President: _____

Who will serve as the ACHC's primary contact from the Club: _____

CLUB AFFILIATIONS

Other leagues that the Club is a member of and/or participates in: _____

Other USA Hockey properties, affiliations, and/or organizations that the Club associates or has ownership, relationships, and/or partnerships with:



Other Non-USA Hockey properties, affiliations, and/or organizations that the Club associates or has ownership, relationships, and/or partnerships with:

CLUB TEAMS

How many Co-Ed teams did the Club field in 2025-2026 Season: _____

What breakdown of level did the Club's team compete/participate at during 2025-2026 season:

What number of teams and accompanying level would the Club anticipate in the ACHC for 2026-2027:

<u>Age Division of Team</u>	<u>Competition Level (AA, UA, LA)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACKNOWLEDGMENTS

- 1) The Applicant Club acknowledges that completion and submission of this form does not automatically grant the Club membership into the ACHC, and that the ACHC has full autonomy to accept or deny this application.
- 2) The Applicant Club acknowledges that the information submitted above is accurate.
- 3) If granted Membership, the Applicant Clubs agrees to abide by all ACHC Rules Of Procedure and Covenants.
- 4) The Applicant Club agrees to submit a non-refundable \$50 application fee with this application.
- 5) The Applicant Club acknowledges the ACHC application submission deadline of Monday, April 13, 2026.

NAME OF CLUB OFFICER _____ SIGNATURE _____

DATE _____ RECEIVED BY ACHC _____